



EV 335855913 US



UNITED STATES POSTAL SERVICE®

Custom r Copy  
Label 11-F June 2002

Post Office To Address e

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 10017	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date in Mo. Day Year 7-1-03	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time in <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1846	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight 10 lbs. 1 ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials MN	Total Postage & Fees \$ 39.20	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No.	

CUSTOMER USE ONLY	
Federal Agency Acct. No. or Postal Service Acct. No.	

FROM: (PLEASE PRINT)	
PHONE ( ) 212 790 2842	
PENNIE & EDMONDS LLP 1155 AVENUE OF THE AMERICAS FL 17 NEW YORK NY 10036-2720	

TO: (PLEASE PRINT)	
PHONE ( )	
COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450	

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